

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**RICHARD ALEXANDER**

Mailing Address P.O. BOX 1160

City	State	Zip Code
NICHOLASVILLE	KY	40340-1160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.826824**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**B. Full Name (Last, First, Middle Initial)**

**MR. STEPHEN T. ALEXIEFF**

Mailing Address 203 COUNTRY PLACE DRIVE

City	State	Zip Code
LANCASTER	PA	17601-1776

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

388.00

**Transaction ID : SA17.809971**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

**C. Full Name (Last, First, Middle Initial)**

**MR. RAY E. ALEY III**

Mailing Address 222 LOST COVE

City	State	Zip Code
COLCHESTER	VT	05446-7786

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**RESTAURANTEUR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

**Transaction ID : SA17.813096**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page** (optional).....

785.00

**Total This Period** (last page this line number only) .....